

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033203

STATE FILE NUMBER

Registration District No. 282 Primary Registration District No. 5971 Registrar's No. 112

DO NOT WRITE
ON THIS STUB

AMENDED

FILED AUG 28 1963

1. PLACE OF DEATH a. COUNTY Polk		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Dade	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 3mi. S.W. Bolivar		c. CITY OR TOWN Everton	
Length of stay in lb 21 months		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pleasant View Rest Home		d. STREET ADDRESS (If outside, give location) Route #1	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Dora Middle Augusta Last Fite			4. DATE OF DEATH Month Aug. Day 17 Year 1963		
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-17-1884	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and state or country) Dade County, Mo.	
12. CITIZEN OF WHAT COUNTRY U. S. A.		14. NAME OF HUSBAND OR WIFE Wm. J. Fite			
13a. FATHER'S NAME Elijah Cantrell		13b. MOTHER'S MAIDEN NAME Amanda Reynolds		14. NAME OF HUSBAND OR WIFE Wm. J. Fite	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Horace Fite; Dadeville, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Heart Failure		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from Aug 13, 63 to Aug 17, 63 and last saw her alive on Aug 17, 1963 Death occurred at S. P. m on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE Dora Fite (Degree or title)	22b. ADDRESS Bolivar, Mo.	22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 20, 1963	23c. NAME OF CEMETERY OR CREMATORIUM Pleasant Ridge Cem.	23d. LOCATION (City, town, or county) (State) Polk County, Mo.
24. FUNERAL DIRECTOR J. C. Canada; Greenfield, Mo.	25. DATE RECD. BY LOCAL REG. Aug 23, 1963	26. REGISTRAR'S SIGNATURE Ralph Gordenperg	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1 0840

2 0290

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12 86-0

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. C. Canada

Licensed Embalmer No. 4196

P. O. Address Greenfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued Aug 20, 1963 J.A.